

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90692 030 \*\*\*\*50.00

**DOCUMENT # M02000000959**

1. Entity Name

CARRIAGE HOMES OF LAKELAND, LLC



Principal Place of Business

Mailing Address

803 BIRCHFIELD DR.  
MT. LAUREL NJ 08054

803 BIRCHFIELD DR.  
MT. LAUREL NJ 08054

2. Principal Place of Business

3. Mailing Address

215 Celebration Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Celebration, FL

Zip

Country

Zip

Country

34747

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WARONKER, DAVID A.  
215 CELEBRATION PLACE, STE. 500  
CELEBRATION FL 34747

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CBD DEVELOPMENT, INC.  
803 BIRCHFIELD DR.  
MT LAUREL NJ 08054

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CP2F083 (10/02)